HCFA-PM-94-5

(MB)

APRIL 1994

State/Territory: Mississippi

SECTION 3 - SERVICES: GENERAL PROVISIONS

## Citation

42 CFR Part 440, Subpart B 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act

1902(a)(10)(A) and

1905(a) of the Act

3.1 Amount, Duration, and Scope of Services

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in <u>ATTACHMENT 3.1-A</u>. These services include:

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
  - \_\_\_\_ Not applicable. Nurse-midwives are not authorized to practice in this State.

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HCFA-PM-91-4

August 1991

(BPD)

OMB No.: 0938-

State/Territory:\_

Mississippi

Citation

3.1(a)(1)

Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902 (e)(5) of the Act

- (iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
- $\frac{/x}{x}$  (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.
- 1902(a)(10),
  clause (VII)
  in of the matter
  following (E)(F)
  of the Act

  Per pm
- (v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii) (IX) of the Act.

TN No. 92-02 Supersedes TN No. 90-12 Effective Date
Approval Date
Date Received

January 1, 1992
March 16, 1992
January 30, 1992

Revision: HCFA-PM-92- (MB)

	State/Terri	tory: M	<u>lissis</u>	sippi					
Citation	Amount, Duration, and Scope of Services:  Categorically Needy (Continued)								
		(vi	i	nome health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.					
1902(e)(7) the Act	of	(♥:	E t 1	Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(8) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.					
1902(e)(9) Act	of the	(v	:	Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.					
1902(a)(52 and 1925 o Act	•	(:		Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.					
1905(a)(23 and 1929	3) –	(x	1	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.					

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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Supersedes
TN No. 92-02

Approval Date 1-3-94

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August 1991

(BPD)

OMB No.: 0938-

State/Territory: Mississippi

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

42 CFR Part 440, Subpart B (a)(2)Medically needy

This State plan covers the medically needy. The services described below and in <u>ATTACHMENT 3.1-B</u> are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act 42 CFR 440.220 PEL (

If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

Not applicable with respect to nurse-midwife services under section 1902(a) (17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act (ii) Prenatal care and delivery services for pregnant women.

TN No. 92-02 Supersedes TN No. 87-9 Effective Date January 1, 1992
Approval Date March 16, 1992
Date Received January 30, 1992

HCFA ID: 7982E

Revision:		-PM-91-4 st 1991		(BPD)	OMB No.: 0938-
State/Territ	ory:_	Missis	ssippi		
<u>Citation</u>		3.1(a)(2)		nt, Duration, and S (Continued)	cope of Services: Medically
			(iii)	services, and postr period (beginning ends) and any rem which the 60th day who, while pregnan	including family planning partum services for a 60-day on the day the pregnancy aining days in the month in falls are provided to women at, were eligible for, applied redical assistance on the day is.
	<u> </u>	<i>[</i> /	(iv)	complicate the	er medical condition that may pregnancy (other than and postpartum services) are nt women.
			(v)	ATTACHMENT 3.1-	vices, as defined in B for recipients under age 18 led to institutional services.
				entitled to in:	e with respect to recipients stitutional services; the plan ver those services for the dy.
			(vi)		es to recipients entitled to rvices as indicated in item
12 CFR 440. 140.150, 440. Subpart B, 142.441. Subpart C 1902(a)(20) (21) of the of the f	0.160,	<i>[</i> /	(vii)	Services in an insti for individuals over	tution for mental diseases rage 65.
		<i>[</i> /	(viii)	Services in an inter for the mentally ret	rmediate care facility carded.
	kt	<i>[</i> ]	(ix)	Inpatient psychiat under age 21.	ric services for individuals

Revision: HCFA-PM-93-5 (MB)

May 1993

State: Mississippi

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1902(e)(9) of the

Act

\_\_\_ (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act \_\_\_ (xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-15 1-11-94 Effective Date 10-01-93 Supersedes Approval Date TN No. 92-02 Date Received 12-8-93

HCFA-PM-97-3 (CMSO)

December 1997

State: Mississippi

Citation

3.1 Amount, Duration, and Scope of Services (continued)

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10) (E)(ii) and 1905(s) of the Act (a)(4)(i) Other Required Special Groups: Qualified Disabled and Working Individuals

. . . .

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act (ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

> Medicare Part B premiums for specified lowincome Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10) (E)(iv)(I)1905(p)(3) (A)(ii), and 1933 of the Act (iii) Other Required Special Groups Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

Transmittal # 98-01
Supersedes Approval Date (25 90 Effective Date 11 98
TN No. 93-05

## 21 (continued)

Revision:	HCFA-PM-97 December 199	` ,					
	State: Mis	sissippi					•
1902(a)(10)(1 1905(p)(3)(A 1905(p)(3) of	)(iv)(II),	(iv)	Individ	luals-2	-	···· <u>-</u>	Qualifying rease to the

e portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

Other Required Special Groups: Families Receiving (a)(5)**Extended Medicaid Benefits** 

> Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

Transmittal # Supersedes Approval Date 6598 Effective Date 1198
TN No. 93-05

## 21 (continued)

Revision:

HCFA-PM- (CMSO)

State: <u>Mississippi</u>

Citation

Sec. 245A(h)

of the

Immigration and

(a)(6) <u>Limited Coverage for Certain Aliens</u>

An alien who is not a qualified alien or who is a qualified alien as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alienage status, and who would otherwise qualify for Medicaid are provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

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Supersedes Approval Date 65 90 Effective Date 111 90
TN No. 93-05

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August 1991

(BPD)

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State/Territory: Mississippi

Citation

3.1 Amount, Duration, and Scope of Services (continued

Sec. 245A(h) of the Immigration and Nationality Act

(a)(6) <u>Limited Coverage for Certain Aliens</u>

- (1) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
  - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
  - (B) Are children under 18 years of age; or
  - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. <u>92-02</u> Supersedes TN No. 87-22 Effective Date January 1, 1992
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